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Chair

Mr. Bill Casey

Standing Committee on Health

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● (1755)

[*English*]

The Chair (Mr. Bill Casey (Cumberland—Colchester, Lib.)): I call the meeting to order. We'll reconvene. Actually, we're starting all over with meeting number 106.

I want to welcome everybody. We're here to continue with our study on pre-mixed drinks.

I want to welcome all of our witnesses. We have a number of them today. We have four on video conference, which we've never had before, so I would suggest to everybody that when you're asking a question, you state the name of the person to whom you're asking the question.

First of all, we're going to have opening statements and we're going to limit them to five minutes. I'll just run through our guests.

By video conference, with the Canadian Institute for Substance Use Research, we have Dr. Tim Stockwell and Adam Sherk, doctoral candidate. Also by video conference, with the Association pour la santé publique du Québec, we have Lucie Granger, director general, and Yves Jalbert, content specialist. From the Canadian Beverage Association, president Jim Goetz is here with us. From the Centre antipoison du Québec, by video conference, we have Dr. Maude St-Onge. From the Institut national de santé publique du Québec, by video conference, we have Dr. Réal Morin, doctor specializing in public health and preventive medicine and vice-president of scientific affairs, and Manon Niquette, consultant and professor, department of information. From the Canadian Public Health Association, we have Dr. Frank Welsh, director of policy.

Each group has five minutes for their opening statement.

We'll start with the Canadian Institute for Substance Use Research. Go ahead, Dr. Stockwell.

Dr. Tim Stockwell (Director, Canadian Institute for Substance Use Research, University of Victoria, As an Individual): Thank you for the opportunity.

By way of introduction, we are an independent research institute specializing in work on alcohol and other substance use, measuring harms and evaluating interventions to reduce and prevent harm. We receive no funds from commercial vested interest groups.

One of the projects we're doing with the Canadian Centre on Substance Use and Addiction in Ottawa is a national overview of the harms from alcohol compared to other drugs. You will not have seen these data before. Nobody has. This report will be released early next month. It's about the economic costs of substance use in Canada.

We're showing you comparisons of alcohol-caused deaths; tobacco-caused; and deaths, hospitalizations, and productive years of life lost from all other psychoactive drugs, such as opioids, cannabis, and cocaine. The most recent year for which data is available is 2015. We have about 15,000 alcohol-attributable deaths, compared with some 48,000 from tobacco, and about 5,000 from all the other substances put together. The alcohol-attributable hospitalizations are getting up toward 90,000, compared with almost 140,000 for tobacco and barely 20,000 for other substances.

Because alcohol is harming people and killing them at a much younger age than tobacco, it is the leading cause of productive years of life lost, resulting in a tremendous loss of productivity to Canada each year.

The harm is increasing. I selected a couple of indicators relevant to one of the prompts for this inquiry, the tragic death of a young girl. I could have selected almost any indicator, but alcohol poisoning deaths have been increasing in recent years, as have hospitalizations.

I want to keep moving forward because time is so short.

The main point we want to make is that while sugar in drinks is encouraging some people to drink, alcohol cannot taste good, particularly to a young person. Caffeine in a drink will keep people drinking for longer and have people stay awake and be more likely to take risks, but alcohol is causing the harm.

We have a number of recommendations, 10 very specific recommendations that are evidence-based and focus on the alcohol side of what needs to be done policy-wise.

Recommendation number one is essentially limiting the sugar and caffeine content. Limiting the alcohol content is absolutely key. In the single-serve containers, it is not enough to limit just the size or the strength; you need to do both together. The most efficient way is to limit the number of standard drinks.

A standard drink, I'm sure you know by now, is a regular can of 5% beer or an average glass of wine or a shot of spirits. They contain roughly the same amount of alcohol. We recommend no more than 1.5 standard drinks be permitted in one of these containers.

There are a whole lot of recommendations on labelling we don't have time to go into.

These warning labels are being trialled in the Yukon at the moment. You may know that the cancer warning label was scrapped under pressure from alcohol industry groups in Canada. We have no time to go into that. We do recommend standard drink labelling and lower drinking guidelines.

I want particularly to get to excise taxes.

The next slide shows that we are recommending changing the name.

This is the one I really want to focus on. This slide is absolutely critical. It shows the rates of excise taxes per Canadian standard drink.

Beverages between 3% and 10%—I put that up to 12% but, you'll get the idea—are coolers, pre-mixed drinks. They are wine-based, malt-based, or spirit-based.

● (1800)

They each show that, up to 7% strength anyway, the excise tax per standard drink becomes less as beverages get stronger. This clearly shows a financial incentive for manufacturers to make high-strength products, for retailers to promote them, and for consumers to buy cheap high-strength beverages. There's a very perverse incentive here.

Above 7% for spirits, it flattens out. Now in malt-based drinks, you'll see that the decline continues. With a 10% malt-based cooler, the excise tax per standard drink is one-third that of spirit-based and about half that of wine-based.

Our recommendation is essentially to fix them all at the same level so that there are no perverse incentives to manufacture, promote, and sell high-strength drinks. Our excise taxes have created the conditions that made that 11.9%-strength, high-sugar-content product, FCKDUP—and forgive me for referring to it by name—cheap. The excise tax doesn't work and doesn't deter consumers from buying these drinks or manufacturers from making them.

Our recommendation is just to put an excise tax of 25¢ per standard drink across the board. That would apply regardless of the strength, so there's a consistent incentive for people to choose lower-strength, less risky products.

This brings me to our last recommendation. You may be aware that last week, after a six-year legal battle through the European, British, and Scottish courts, Scotland was able to introduce a minimum unit price. That's a minimum price of alcohol per standard drink. They got the idea from Canada, and they used much of our research to establish that minimum prices have a strong impact on alcohol-related harms. We've shown in B.C. that a 10% increase in average minimum price results in significantly reduced alcohol-related hospital admissions and deaths. It's actually reduced crimes, as well. We have a specific recommendation of a minimum standard drink nationally, which I could tell you more about.

Now, I know you think this is all for the provinces and territories, but there's absolutely no reason we couldn't follow Scotland's lead. Australia is looking to do this. The Republic of Ireland is looking to do it, as are other European countries. Canada could actually now learn from Scotland and introduce a national minimum price. This is one of the single most evidence-based strategies for reducing high-risk consumption.

Basically, I just want to summarize the points. Alcohol-related harm in Canada is substantial, and it's increasing. It greatly exceeds harms, on all measures, from all currently illicit drugs. The harm is mainly from the ethanol. There are feasible, evidence-based strategies to apply to the specific problem of high-sugar and high-alcohol drinks but also alcohol harms in general.

I really hope you will look at these recommendations seriously. I'm happy to give you more data and information if you require it.

Thank you.

The Chair: Thank you very much.

I realize that's a short introduction. You packed a lot of information in there, but we'll get to questions and explore this a little further.

Ms. Granger, go ahead. You have five minutes.

[*Translation*]

Ms. Lucie Granger (Director General, Association pour la santé publique du Québec): Good evening, honourable members of the Standing Committee on Health.

We would like to begin by thanking you for inviting us here. We want to take this opportunity to commend the Canadian government for agreeing to better regulate pre-mixed drinks combining high alcohol, caffeine, and sugar content.

Today, Canadians are looking to you to provide effective and safe regulations in order to better protect our teenagers and young adults and to prevent the kind of excessive drinking that can result in an alcohol-induced coma causing death, as was unfortunately the case for the young Athéna Gervais. The Quebec market in particular is inundated by these highly sugary alcoholic drinks.

The Association pour la santé publique du Québec, the ASPQ, considers long-term health a public right, an economic and social benefit that calls for both individual and public responsibility.

Through its role, the government has a direct impact on public health. It must make it a priority to be proactive in the delivery of health care. In that vein, the ASPQ would like Canada to build the recommendations you make on this file and work with the provinces and territories on adopting and implementing a national strategy on alcohol as a preventive measure.

Allow me to present some of the facts. As stated a few minutes ago, alcohol, like tobacco and cannabis, is a psychoactive substance. Since 1988, alcohol has been classed as a carcinogenic substance by the international centre for health research. Scientific studies show that the risk of cancer increases with the average consumption of one glass a day. This increased risk is proportional to the quantity of alcohol consumed. Any regular consumption of alcohol, no matter how small the amount, comes with risk.

Young people are more vulnerable to the effects of alcohol than adults and they are at greater risk of suffering significant physical harm. Their blood alcohol level increases more quickly as a result of their lower weight. At their age, the enzyme responsible for eliminating alcohol is underdeveloped. Their bodies are in a development stage. Sugar and carbon dioxide accelerate the movement of alcohol in the blood and young people end up getting drunk faster. Two hours after consuming just one can of these drinks, or the equivalent of four regular drinks, a young adult's blood alcohol concentration might be higher than the legal limit, and consuming two cans can put them at a high risk of intoxication.

The success of these drinks comes from the following: the fruity taste, the trendy packaging, targeted marketing strategies, and advertising. These drinks are targeted to young people in particular, who end up being regular consumers of alcohol at an earlier age. The makers of FCKDUP add on their website: "Combining guaranas with 11.9% grape nectar is like boosting your sports care with nitrous. If you want to go from zero to party in a few gulps, drink the purple." It uses a formidably effective marketing style that appeals to young people by selling them a lifestyle. It promotes alcohol abuse and that is extremely dangerous.

In order to reduce health risks, the Association is recommending the following. To limit the quantity of alcohol, the can format should change so that it no longer contains more than the equivalent of one standard glass of alcohol. It also recommends setting a minimum price adjusted to the alcohol concentration to prevent the sale of alcohol at under market value, and automatically increasing the excise tax.

As far as the marketing is concerned, the ASPQ recommends foregoing self-regulation — voluntary measures in the alcohol industry are ineffective and are seriously flawed. It recommends banning the use of flavourings that naturally contain caffeine, as they create a misleading image — the industry uses the addition of these ingredients as a marketing strategy. The ASPQ recommends strictly enforcing the Regulation respecting promotion, advertising and educational programs relating to alcoholic beverages, recognizing that all the messages published on social media are advertising content.

As far as added sugar and sweetener is concerned, the Association recommends reducing the sugar content from 11% to 5% in these drinks, so that the taste of alcohol is not masked. It also recommends requiring nutrition labelling because this is a food item.

● (1805)

Canada, the provinces, and the territories will benefit from better monitoring of the behaviour associated with alcohol consumption, including when it comes to the number of ER admittances, the amount of self-medication, the combination with other psychoactive substances or drugs, and so forth. In closing, the Association reiterates the importance of adopting and implementing, together with the provinces and territories, a coherent national strategy on alcohol to protect all Canadians.

Thank you very much.

[*English*]

The Chair: Thank you very much.

Now we'll go to the Canadian Beverage Association for five minutes, with an opening statement.

● (1810)

Mr. Jim Goetz (President, Canadian Beverage Association): Thank you very much for inviting me to present here on behalf of the Canadian Beverage Association.

We are the national voice for the beverage industry, representing more than 60 brands, the majority of non-alcoholic, non-dairy beverage producers in Canada. That includes many companies that produce energy drinks, which have been sold around the world for over 30 years. They are now available in 175 countries, including all member states of the EU, the United States, Australia, and New Zealand, and they account for about 2% of total non-alcoholic beverage sales globally.

Energy drinks have been on sale in Canada since 2004 as caffeinated energy drinks. A caffeinated energy drink is strictly regulated by Health Canada as a food or beverage product; cannot and does not contain any amount of alcohol whatsoever per Health Canada's requirements; has a specific advisory statement on it about not mixing with alcohol; must contain caffeine, and the amount must be within a specified minimum and maximum concentration of 200 parts per million to 400 parts per million; is limited to a maximum of 180 milligrams of caffeine per single serving container; and has specific statements on the label that it is not recommended for children, pregnant women, breastfeeding women, or people sensitive to caffeine. These are not to be confused with any drink that contains any amount of alcohol because it cannot, therefore, be called a caffeinated energy drink.

It is because of these points that I believe it was important for me to attend here today, on behalf of our members, to clarify some of the facts about different products and to help the members of the committee to better understand what caffeinated energy drinks are.

The term "energy drink" is often incorrectly used to describe a number of different products available to consumers. Its recent use by some media outlets and even a few members of Parliament has led to further confusion about exactly what an energy drink is.

Health Canada, as I'm sure you're aware, released a statement clarifying that the product referenced in the media and by committee members in relation to the issues that we're discussing here today was not in fact a caffeinated energy drink. Health Canada refers to the products in question as "highly sweetened alcoholic drinks". As pointed out by Health Canada, the product in question is a highly concentrated alcoholic beverage, essentially the equivalent of multiple single doses of alcohol, in a large, single-serve container. Energy drinks do not cause intoxication, energy drinks do not facilitate intoxication, and energy drinks don't mask the effects of intoxication. Currently, caffeinated energy drinks in Canada are regulated as food and authorized for sale under strict regulatory requirements. They are carbonated beverages that contain caffeine, but in fact their caffeine concentration is lower than that found in an equivalent-sized coffee house coffee.

Health Canada has used a science- and fact-based approach to assess the nature of energy drink products and to determine how they should be handled. As recently as 2013, Health Canada published a research document, which can be found online, "Energy Drinks: An Assessment of the Potential Health Risks in the Canadian Context". This peer-reviewed research is one of the cornerstones of the safety of caffeinated energy drink consumption. The results of important research like this avoid the speculation, urban myths, and unconfirmed and incomplete data related to the products. Access to this definitive health care research, as well as other assessments by recognized scientific bodies such as the European Food Safety Authority can be found on our website, energydrinkinformation.ca.

Our members are committed to ensuring that we meet or exceed all legislative and regulatory requirements for the products. Even though most energy drinks, on average, contain less caffeine than a similar-sized cup of coffee, energy drink manufacturers do not recommend energy drinks to be consumed by children, pregnant or breastfeeding women, or again, people who are sensitive to caffeine.

I want to note that no caffeinated energy drinks that our members produce contain alcohol, period. That is not allowed by Health Canada. For a product to be categorized by Health Canada as a caffeinated energy drink, it cannot contain alcohol. It is important, as I'm sure you will agree, that Canadians should have a clear understanding of what products they are choosing to consume. We as an industry take very seriously the health and well-being of Canadians and are confident in the safety of the products that our members produce.

In conclusion, the safety of energy drink consumption in Canada is based on science, evidence, peer-reviewed research, and education.

Thank you.

I'd be happy to take any questions you may have at this time.

The Chair: Thank you for your comments.

Next is Dr. St-Onge, by video conference.

● (1815)

Dr. Maude St-Onge (Medical Director, Centre antipoison du Québec): Hi, I am the medical director of the Centre antipoison du Quebec, one of the five poison centres in Canada. We receive calls, 24-7, from the public and from health care professionals regarding acute intoxication.

We were shocked by the death of Athéna Gervais, but unfortunately it's not an unusual situation for us. Just to remind you of the context, she was a teenager, a 14-year-old, who consumed more than one can of the drink FCKDUP. She was found dead the following day. She consumed it at lunchtime at school, so she had pretty easy access to the substance.

At the Quebec poison centre, we treated more than 48,000 cases in 2017. Among them, we had nearly 4,000 youth aged from 6 to 15, and approximately 16,000 people aged 16 to 45.

We have a grossly under-reported number of ethanol poisonings, just because the emergency physicians don't always call us. It the same thing for the public, because it's too frequent.

We have an under-reported number of cases of energy drink poisoning, because it's pretty easy or straightforward for an emergency physician to treat, so they don't always call us.

In 2017 in the province of Quebec, we had 2,560 cases related to ethanol consumption alone, including six deaths. The INSPQ reports many emergency department consultations, including by teens. These involve emergency consultations as well as ambulance transport and calls to 911, so they use a lot of health care resources.

We do actually have poisonings from energy drinks. In 2017, we had 96 cases of energy drink poisoning, two of which were in children under 12 years old. That's the main point. It's a very prevalent phenomenon, and unfortunately it's increasing.

I want to say a word on ethanol toxicity and caffeine toxicity, and why it is worse when you mix them.

Of course, ethanol poisoning is worse if you drink a lot very fast, if you're less tolerant, and if nobody is monitoring you reliably when you consume. For example, a young person who is not used to it, with friends rather than family, and drinking a lot very fast, is very likely to engage in risky behaviours, be traumatized, and get ethanol poisoning.

There are other risk factors that I won't go into. Of course, it affects their judgment, but it can also lead to a coma. Most people know what it looks like when you're drunk. However, caffeine poisoning is more and more prevalent as well. It causes excitement, yes, but also nausea, vomiting, cardiac arrhythmias, seizures, and coma. We have had cases of both being mixed together—for example, teenagers presenting with cardiac arrhythmias. We treat those patients.

Why does mixing make it worse? Because of the sugar concentration and because of the caffeine, people tend to drink more and drink faster. Again, this puts them at greater risk for ethanol poisoning. They adopt more risky behaviours as well, and tend to be less vigilant as to what they are actually doing. Maybe with Athéna Gervais there was a consumption problem but also a behaviour problem. Maybe she was with friends who were actually not monitoring her because they went back to school.

What we recommend is to consider natural caffeine as being caffeine, because we know that guarana, for example, which is not restricted, is still allowed with alcoholic beverages. Guarana is actually caffeine. It's just a different name. It has the exact same effect, so we think that we should consider natural sources of caffeine the same as synthetic caffeine.

● (1820)

We agree with the idea of fixing a minimum price as well. We think that we should avoid packaging that contains more than one serving. We also agree that we should have more control on the publicity, not only the regular way of doing it, but also on the web.

We think that those products should not be sold around schools or places that are frequented by teenagers, and we think that we should reinforce all campaigns to prevent alcohol consumption or consumption of energy drinks by teens during major events such as the beginning of the school, the end of school, and events like that.

In terms of intervention, because that's what we do at the poison centre, we think that Health Canada should encourage the development of a toxicovigilance system and that it should also be specific to some products. If it pops up, we can activate public health faster and intervene.

We think we should also encourage funding of the poison centre, but also *toxicomanie* dependence centres in order to help people who develop a dependence after starting those bad behaviours.

We think it's very important as well, for all those patients who start when they're teenagers and go to the emergency department, to encourage the implementation of a brief intervention to identify people at risk of developing dependence and intervene right away.

Finally, we think we should also look at the impact of media, not only on consumption but also on suicide attempts, because we tend to see more and more that when a product sells very well or is publicized, people tend to use it in attempting to die.

That's about it.

The Chair: Thank you very much.

Now we go to Dr. Morin for a five-minute opening statement.

[*Translation*]

Mr. Réal Morin (Doctor Specializing in Public Health and Preventive Medicine, Vice-President Scientific Affairs, Institut national de santé publique du Québec): Hello.

Ms. Niquette and I are co-authors of a scientific opinion from the Institut national de santé publique du Québec, INSPQ, published in March, entitled, "Intoxications aiguës à l'alcool et boissons sucrées alcoolisées", or acute alcohol and sugary alcoholic beverage intoxication. This scientific opinion, which falls in line perfectly with the purpose of today's appearance, was sent to you already.

Reports of young people allegedly becoming intoxicated by consuming sugary alcoholic beverages led us to analyze the data on the use of emergency rooms in Quebec. Between January 1, and November 27, 2,332 young people 12 to 24 ended up in emergency, which is the equivalent of seven cases a day. We know that these are serious cases, since one quarter of young patients were given urgent priority in triage, meaning that they were in critical condition.

In three out of four cases, these young people had consumed beverages with high alcohol content, but our data allowed us to conclude that the products with a combined high sugar and high alcohol content were the primary cause of the cases of intoxication seen at the emergency rooms in Quebec. We would be remiss if we did not mention the well-publicized case of the 14-year old young girl whose death was linked to the consumption of FCKDUP, which the coroner's investigation established with certainty.

From our report emerged some significant observations and challenges in relation to the sugary alcoholic beverages.

Firstly, as you know, these products can contain levels of alcohol of up to 11.9% and they are often sold in large cans that can contain the equivalent of four standard glasses of alcohol. Depending on the sex and weight of the person, one or two cans can be more than enough to result in a state of inebriation. The added sugar masks the bitter taste of the alcohol, making it easier to swallow quickly, which young people like.

Secondly, in our study, we observed that the sugary alcoholic beverages are often sold at very low prices, if not paltry sums. We saw promotions of two large cans for $6.99, which has a significant impact on the consumption of alcohol by young people.

Thirdly, these drinks are easily accessible in grocery stores and convenience stores. We collected data on beverages with a combined high sugar and high alcohol content sold in grocery stores and convenience stores in Quebec. Generally, the sales of this category of alcohol are high, but sales in products with the highest levels of alcohol increased the most; sales of products with alcohol levels greater than 11% increased by 319% in just one year. That is a threefold increase.

Fourthly, it has been well documented that an adolescent's alcohol use is influenced by advertisements. The makers and distributors target young people specifically with aggressive marketing strategies. The CRTC's code goes back to 1996, when television and radio were practically the only platforms for advertising.

The industry is increasingly turning to social media, which has a way of getting young people to share and generate ad content themselves. The goal is to get young people to engage publicly by clicking on an emoticon when they like an ad, writing a comment, producing a video, playing an interactive game, etc. In our study, we documented ads by Poppers, Four Loko, and FCKDUP, which used cartoon characters, DJs, rappers, or sports in the context of drinking in order to target young people, thereby breaching the CRTC code, if that code applied to digital content.

By way of prevention, it seems logical and feasible to adjust the size of the cans so that the non-resealable can cannot contain more than one standard glass of alcohol. However, it would be prudent to test that proposal before adopting it on a large scale to ensure that there are no unintended consequences. We have seen that happen in other public health preventive measures.

Most importantly, preventive measures should be adopted from a broader public health perspective. Collaboration between the different levels of government could help ensure that effective public policy is adopted or that existing policy is adapted to become effective. To that end, three actions need to be taken.

● (1825)

Firstly, it is important for the governments to use the tools they have to prevent alcoholic beverages from being sold at bargain prices. We recommend setting a minimum price per standard drink of alcohol applicable to every type of alcoholic beverage to prevent the substitution of one type of drink for another at a better price.

Secondly, sugary alcoholic beverages with more than 7% alcohol that are not beer should be banned from being sold at convenience stores and grocery stores in order to limit their accessibility. That is the current position of the Government of Quebec. We support the proposal to adopt a ceiling on sweetener as a way of distinguishing beer and cider from what it is not.

Thirdly, and in closing, it seems imperative that measures be taken nationally to ensure that advertising on social media is regulated and that regulations are adapted to the digital reality. It's about protecting our young people.

Thank you for your attention.

[*English*]

The Chair: Okay, thank you very much.

Now we will go to Dr. Welsh.

Dr. Frank Welsh (Director of Policy, Canadian Public Health Association): Good afternoon, committee members. Thank you for the invitation to be here today.

I begin by offering my condolences to the family and friends of 14-year-old Athéna Gervais. It is unfortunate that this study is the result of her death, and it has raised challenging questions that must be answered.

From a public health perspective, there are two questions. One is what motivated her actions. The second is whether changes to the laws and regulations on alcohol sales would lessen the likelihood of that happening again.

The first question is challenging. Obviously, alcohol consumption is ubiquitous in our society, and so are the related harms. The chief public health officer of Canada in 2015 reported that almost 80% of Canadians drank alcohol. That data is from 2012. At least 3.4 million Canadians drank enough to be at risk of immediate harm, while 4.4 million are at risk of chronic health effects.

What is of more concern now is that 60% of our 15- to 19-year-olds reported having consumed alcohol, and among them almost 20% reported risky drinking behaviours that could result in short- and long-term impacts, as previously described.

From a public health perspective, I want to know why so many young people are engaging in risky drinking patterns so we can focus interventions on those issues. As with other psychoactive substances, problematic drinking is often a symptom of a larger emotional, physical, or mental health condition that needs to be addressed. As such, if governments want to see any meaningful progress, the Canadian Public Health Association believes that actions must be taken to understand the social pressures driving youth to consume alcohol and to provide them with the skills to make health-promoting choices.

Our second concern is whether current legislation for pre-mixed alcoholic beverages are adequate to limit access by an underaged drinker. Honestly, underage drinking has occurred since the establishment of minimum drinking ages, so it's unlikely we'll prevent its occurrence completely. However, there are steps that can be taken to reduce the consumption of pre-mixed drinks that combine high alcohol, caffeine, and sugar content, ingredients that are favoured by youth.

The Canadian Public Health Association supports the proposals included in Health Canada's notice of intent to amend the Food and Drug Regulations.

We specifically support the recommendation that restrictions be placed on the maximum percentage of alcohol allowed in a single-serving container to a level commensurate with a single serving of alcohol—as previously noted, the amount found in a bottle of beer.

We further support the recommendation on establishing a sweetness threshold that would trigger further restrictions, and we underscore that it must be done in consultation with key stakeholders and scientific experts.

Above and beyond these proposed regulations, the CPHA also supports the recommendations provided by the Canadian Centre on Substance Use and Addiction. I believe they spoke to you a day or so ago. They are proposing that manufacturers of alcoholic beverages have a sweetness threshold of no more than 5% spirit-based ethanol rather than ethanol obtained with fermentation of malt. As noted in their presentation, the regulation would have two positive effects for young Canadians.

First, products manufactured from ethanol are automatically subject to the higher excise duty imposed on spirits rather than lower duties imposed on beer, thereby reducing their affordability to young people.

Second, products manufactured from spirit-based ethanol cannot be sold in convenience or grocery stores, reducing their accessibility to young people.

The Canadian Public Health Association further encourages the federal government to closely collaborate with provinces and territories and other key stakeholders to implement some of the recommendations that were contained in our 2011 position statement on alcohol policies.

● (1830)

We actually called on all three levels of government to restrict alcohol marketing and sponsorship. This can be achieved by providing restrictions similar to those currently placed on alcohol products, so that these products are not seen as attractive to young people. We could also look at regulating all forms of alcohol marketing, particularly that provided through the Internet, social media promotions, and product placements.

For provincial and territorial governments, we recommend that they establish pricing systems based on a percentage of absolute alcohol in a standard drink, such that the higher the alcohol content, the higher the price. It would also be of benefit to provide a surtax on alcoholic beverages that are disproportionately consumed by youth.

In addition, we can look at restricting the sale of alcohol in convenience stores. Jurisdictions where such sales are already allowed should not permit further expansion of such sales. We should explore legal options on alcohol advertising, promotion, and sponsorship, particularly the type of sponsorship and advertising relating to the sale of products in licensed establishments.

As is often the case, our understanding of the harms associated with alcohol consumption is limited by under-resourced surveillance systems at the federal, provincial, and territorial levels. To develop effective interventions, we need to better track and understand the impacts of changes in access to alcohol, alcohol consumption patterns, and alcohol-related disease, injury, and social outcomes and their economic costs. To illustrate this point, we can often find alcohol sales data that is usually about a year old. However, our most recent data on societal costs are from 2002. We have to do better.

As I mentioned at the outset, alcohol consumption is ubiquitous in Canadian society, and the associated harms in 2002 cost society approximately $14.6 billion. Much greater attention and investment are required by all levels of government in order to reduce this burden. We need to look at the national alcohol strategy, which was originally published in 2007. There are 41 recommendations, some of which have been addressed, while others have not. A good starting point would be to update the strategy and have all levels of government committed to fully implementing its recommendations.

Thank you.

● (1835)

The Chair: Thank you very much.

Now we'll go to our first round of questions of seven minutes, and we're going to start with Mr. Ayoub.

[*Translation*]

Mr. Ramez Ayoub (Thérèse-De Blainville, Lib.): Thank you, Mr. Chair.

I thank all the witnesses for being here.

You are the second group we are hearing from.

I do my groceries and go to the convenience store and have never paid much attention to the section with alcoholic energy drinks.

Sadly, when we learned of the death of the young Athéna Gervais, that is when we noticed the availability of this product, especially at convenience stores. Many young people stop at the convenience store on their way home from school or during their recess or lunch break.

The clerk can check their ID, but we know that when a product is prohibited young people will eventually find a way to get their hands on it. In the case of the young victim, it would seem — and this remains to be proven — this product was stolen.

Let's compare it to other products that are sold at a convenience store. Cigarettes are kept out of sight of the customers and they are not advertised. They are stored behind the counter to deter their use and customer ID is verified, if necessary.

I have a photo in my hand where we see the product in question in relation to other products. In the refrigerator of a convenience store, there is a wide range of products, some that may be less intoxicating depending on the quantity consumed. These products are available to any child that can walk.

I would like to hear from authorities on the matter because there is a mix of federal and provincial jurisdictions. Obviously, the locations where the products are available falls under provincial jurisdiction. I would like to know what measures you expect from the federal government in order to get these products removed from convenience stores and places where young people might get them. I did not get into the marketing aspect, but we could come back to that.

I would like your thoughts on the availability of these products in places where they should not be accessible.

Dr. Morin or Ms. Granger, would you like to take this question?

● (1840)

Mr. Réal Morin: Yes.

Indeed, the very composition of the products and their economic and physical accessibility fall under federal and provincial jurisdictions.

It has become possible to sell an alcoholic beverage with 12% alcohol by masking the effect of the product. It is an attractive approach for young people because of all the attributes associated with the product, but it is terribly misleading. We have to prevent young people from having access to these products that are falsely advertised. In fact, products that are so risky and presented in such a misleading way need to be kept out of the reach of young people.

I am no expert in federal or provincial jurisdictions, but there must be some political authority that is able to say that these misleading products should not be made available to children or even marketed, period. We are not talking about beer or cider. We know that wine with 12% alcohol tastes like wine and truly is wine. Others made that argument earlier, but this product is misleading.

Beyond the economic and physical access, legal access is much easier to control when we have stores that specialize in selling alcohol. That is why products with high concentrations of alcohol are sold in those stores. In Quebec we have the Société des alcools du Québec. Verifying legal age is harder to do at convenience stores. An older brother or friend can buy the alcohol and supply to a younger person. We have to reduce their physical accessibility, prevent these highly intoxicating products from being so easily available, and ensure that they are expensive to buy.

A young person makes a financial calculation and looks for ways to get intoxicated at the lowest possible cost. When he finds two cans for $7, when the advertising for the product is misleading, and he can swallow it quickly, which he cannot do with other types of alcohol without rapidly feeling nauseous, we have a perfect recipe for a call to poison control and a visit to the emergency room. We were able to document this throughout 2017.

Mr. Ramez Ayoub: Mr. Morin, I will allow others the time to respond.

Ms. St-Onge, Ms. Granger, if you have a comment to make on the availability of the product, I would be interested in hearing it.

Ms. Lucie Granger: A number of things were mentioned. It is clear that access by young people is a problem.

Another very important issue is the fact that these products are food. Alcoholic products are federally regulated as food. I think that the federal government, in its wisdom, chose to adopt specific legislation, such as the Tobacco Act or the Cannabis Act. You are asking how these products should be regulated. I would argue that, based on the information you have been provided about the danger they present and intoxication, alcoholic products should be regulated in the same manner as tobacco and cannabis.

Mr. Ramez Ayoub: Dr. St-Onge, do you have something to add?

Dr. Maude St-Onge: In fact, I concur with Ms. Granger's comments.

Ethanol is one of the legal drugs that causes a great deal of harm. Energy drinks are a drug. They have a stimulant effect. I agree 100% that this should be considered and it should be regulated accordingly.

Mr. Ramez Ayoub: Thank you.

[*English*]

The Chair: Time's up.

Ms. Gladu, you have seven minutes.

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Thank you, Chair.

Thank you to all the witnesses for being here.

We've heard a lot of testimony. We're starting to come to the place where we could either make a list of a lot of recommendations—very many—in lots of areas, or we could try to focus on the ones that are the most important.

The ones that I've heard the most often are that we should go to a standard single drink of 13.5 grams, and I think that's something the federal government is in charge of; that we put an excise tax per standard drink in place, which I think is provincial, but I still think it's a good idea; that we should limit the amount of sugar in mixed drinks, and the suggestion was a maximum of 15 grams; and also that we set minimum unit pricing for a standard drink. Again, I don't think pricing is federal; I think it's provincial.

If we were to do those things, what would you add to the list as a priority, or what is wrong with those suggestions? I'm going to start at the top and go all the way down, so I'll start with you, Mr. Stockwell.

● (1845)

Dr. Tim Stockwell: Thank you. I'd like to echo and reinforce that list you gave as being very important, but I'll confirm that excise tax is a federal authority. It's very important in the pricing scheme, because it's the first tax applied after the wholesale tax. On top of that, it becomes multiplied by profits, markups, and sales taxes, so its power is much greater because it's at the bottom, and it gets multiplied. It's absolutely the federal government that sets it.

It's absolutely the fact that at the moment excise tax on beer is on per litre of liquid, not on the amount of alcohol, which is what causes the harm. It's the amount of alcohol that has caused problems and created the opportunity for products like FCKDUP to be so profitable and appealing.

In terms of the minimum price, you're right: it's set provincially at the moment, and it varies hugely in Canada. Alberta and the territories have no minimum prices. Quebec has a tiny minimum price that doesn't really work on beer. It's so low that it doesn't have any effect. Then Saskatchewan or New Brunswick have quite high and effective minimum prices. If you were to override that nationally....

Scotland is doing this nationally, if you regard Scotland as a country. It regards itself as a country. Canada gave them the idea, and it's done provincially. You could override it and introduce a national minimum price per standard drink. It would be the most effective single thing that you could do.

Ms. Marilyn Gladu: Okay.

Ms. Granger, would you comment?

[*Translation*]

Ms. Lucie Granger: I do not want to add anything to what was said, which was very important. However, I do want federal, provincial, and territorial governments to give due attention to the extremely positive discussions about implementing measures to address the problem with which we are seized today. Our elected officials are being highly responsible in doing so. I know that there are sometimes grey areas with respect to federal and provincial jurisdictions. However, in seeking to protect our young people and to establish conditions to prevent intoxication, hospitalization, death, and all that this entails, the common good must be the priority. In such situations, we must work together.

Ms. Marilyn Gladu: Thank you.

Mr. Jalbert, you have the floor.

Mr. Yves Jalbert (Content Specialist, Association pour la santé publique du Québec): Although it is important to establish a minimum price for each of these beverages, we should not expect that this will necessarily discourage young people from drinking them. Youth like and consume these beverages. They are part of their culture and linked to their sense of invulnerability. We must be vigilant. We should perhaps focus more on the advertising and marketing of these drinks. The industry is very reliant on marketing and on means of influencing these young people to make them consumers of these alcoholic beverages as quickly as possible. That is what we must focus on.

It is difficult for us to answer questions about the excise tax or how much alcohol these products should contain. Such questions are more within the purview of the provincial and federal governments. What is important to us is the advertising associated with these products and the way in which the industry ensures that young people become habitual consumers. That is where we can win the war. These industries have significant latitude when it comes to running their ads. This advertising is not only found in conventional media but also in digital media. That is where the young people get hooked. These media are not controlled by the federal or provincial governments, and that is a problem.

● (1850)

[*English*]

Ms. Marilyn Gladu: Very good.

Mr. Goetz, would you comment?

Mr. Jim Goetz: I really have nothing to add to your list. I'm here to represent the non-alcoholic beverage sector, given some of the earlier confusion on the topic.

Thank you.

[*Translation*]

Ms. Marilyn Gladu: Ms. St-Onge, do you want to add something?

[*English*]

Dr. Maude St-Onge: I agree with everything that's been said so far by the public health bodies.

I would also add that natural caffeine products such as guarana should be considered to be the same as artificial or synthetic caffeine. From a toxicological perspective, it's the exact same thing, so it should be considered the same.

Ms. Marilyn Gladu: Okay.

Monsieur Morin, would you comment?

[*Translation*]

Mr. Réal Morin: Ms. Niquette might like to say something.

Mrs. Manon Niquette (Consultant, Full Professor, Department of Information and Communications, Université Laval, Institut national de santé publique du Québec): I, too, want to stress the importance of controlling advertising. At present, the CRTC code governs advertising, but it does not apply to advertising on the Internet, which creates a large legal void. Other countries, such as Norway, have banned all advertising of alcohol on social media. In France, the Evin law was amended to include social media, except for Facebook pages. Therefore, it is possible to control advertising.

Research actually shows that there is a link between exposure to advertising on social media, as on Facebook pages, risky behaviour, and increased alcohol consumption.

In addition, the problem is that, with social media, not only is there the predictor of exposure to advertising, but there is another important predictor, which is the influence of peers. The industry uses social media to convince young people to relay the advertising to their own network, thus making young people advertising partners. Young people are turned into advertisers of alcoholic products, which are dangerous products.

On social networks, the performance of advertising is evaluated by the degree of engagement of the people exposed to these advertisements. That is shameful. It is especially shameful because, based on what I have seen, not only does a lot of advertising target young people—which would contravene the CRTC code if it applied to social media—but it also seems to directly target children. In fact, the advertising features stuffed toys, animated characters, small animals riding tricycles, and a stuffed toy fox as a mascot. The fox speaks in an adult voice, but the fact remains that it is a stuffed animal.

After the death of Athéna Gervais, one ad, one message asked young people what they were going to drink during the March break. I am a university professor and can tell you that there is no March break on the university calendar. The March break is only for secondary school students. When young people are asked how they are going to party during the March break, we know that minors are being explicitly targeted. It is important to take note of this. At present, this is akin to the Wild West. However, this is about young people and children.

[*English*]

Ms. Marilyn Gladu: Thank you very much. I'm way out of time.

The Chair: Thank you very much.

Now we'll go to Mr. Davies.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you.

I'd like to pick up on that latter point. Mr. Stockwell, I'm concerned about the marketing and presentation of these products. This committee reviewed the cannabis legislation and plain packaging for tobacco legislation. Both pieces of federal legislation ban lifestyle advertising with respect to those products and ban any kind of marketing that could appeal to children. I'm holding up pictures of the high-alcohol drink products that are being marketed and I don't have to be a marketing genius to know that these are appealing to young people and children. I know 14-year-olds who would find that to be an appealing product. Am I correct in suggesting that this kind of marketing should be banned for these kinds of products?

● (1855)

Dr. Tim Stockwell: Absolutely, in my opinion, and I think the previous speaker would concur.

One of the problems that several people have mentioned is that the CRTC code is old. It hasn't been updated in 25 to 30 years and it only applies to old-fashioned media. When you look at digital media, one of the big areas in which young people are really engaged in promoting the products, as described, is on the Facebook and Instagram accounts of bars and nightclubs, where they put photos of young people who are drunk, often very youthful-looking, and engaging in all kinds of behaviour. I've shared some examples, so that's one area. I'm not sure what can be done federally, apart from expanding and reviewing the CRTC code. Then names like Delirium, Rehab, FCKDUP, and so forth could also be specifically excluded, as there should be some standard there. There's a cannabis act and a Tobacco Act, but we have no alcohol act. As I've just shown, alcohol causes 50 times more harm than cannabis in Canada today.

Mr. Don Davies: Thank you.

I'm going to move now to taste. We heard during our cannabis legislation review that there's enough alcohol in a 40-ounce bottle of alcohol in a liquor store to kill someone, but one of the differences is that alcohol generally tastes bad. That is in contrast to this kind of product, with high sugar and high alcohol. Obviously it's meant to taste good, and if you combine a sweet taste with a high volume of alcohol, it's a recipe for danger. Should we be doing anything about that?

Dr. Tim Stockwell: The recommendations we've made, along with the Centre for Addiction and Mental Health and other bodies, recommend restrictions on the sugar content.

One solution that might have some value, which is something you could do federally, would be to in effect define a product that has more than 5% sugar as spirits and treat it the same way, tax it in the same way. One of the benefits is it then could not be sold in corner stores in Quebec or in beer stores in Ontario, and I think there are some other provinces as well.

Mr. Don Davies: Thank you.

Mr. Goetz, I know that your products are not the subject of this investigation. You're here to represent the beverage association, which represents high-energy drinks. Is that correct?

Mr. Jim Goetz: It's caffeinated energy drinks.

Mr. Don Davies: Do you represent companies like Red Bull?

Mr. Jim Goetz: Yes, correct.

Mr. Don Davies: And Monster Energy?

Mr. Jim Goetz: Correct.

Mr. Don Davies: And Rockstar energy?

Mr. Jim Goetz: Correct.

Mr. Don Davies: If I have your testimony correct, you assert that your drinks should not be mixed with alcohol as it's a potentially dangerous combination.

Mr. Jim Goetz: With the regulations that were put in place when the products came onto the Canadian market in 2004, that is the position that Health Canada took at that time.

Mr. Don Davies: Do you agree with that?

Mr. Jim Goetz: I think there is a body of research that has come out since the products were introduced in 2004, and I point to a recent study, the largest study ever done, which is by the European Food Safety Authority. I would be happy to share a summary with you.

Going back to one of the comments that was made earlier on the problem with combining alcohol with caffeinated energy drinks, it's the alcohol, not the caffeine. I can point you to that study, and there's a growing body of evidence globally, particularly from some of the larger national health authorities.

Mr. Don Davies: I want to show you some pictures. I'm showing a Red Bull promotional booth, and it has a Virginia festival vodka and Red Bull on the same poster—

Mr. Jim Goetz: I can't speak to American regulations. I can only speak to Canadian. You said "Virginia".

Mr. Don Davies: That's the name of the alcohol. I'm not sure that it was taken in the U.S.

Mr. Jim Goetz: I can't comment, because I don't know where that was taken—

Mr. Don Davies: This was taken off the.... This is the Monster drink, and it's a bartender mixing together alcohol and the Monster drink on promotional mats that are clearly made for a bar that say "Monster Energy" with Monster advertising behind the bar.

I'm looking at "Rockstar Energy Drink". It's the same thing, with mixing mats in a bar that have Captain Morgan, Smirnoff, Baileys, and other—

Mr. Jim Goetz: In fairness, sir, you have two mats there that say "Rockstar", and then the mat above it, which has the list of the alcohol, is completely separate .

Mr. Don Davies: Yeah, they're put in together—

Mr. Jim Goetz: Actually, in bars, sometimes people, instead of drinking alcohol—

Mr. Don Davies: Can I ask you a question, sir?

Mr. Jim Goetz: Absolutely.

● (1900)

Mr. Don Davies: Thanks. I'm just wondering what your association's position would be on this—wherever it is—clear mixing of your products and alcohol in a way that clearly is associating them. Does your association have a position on whether that's a business practice that your association—

Mr. Jim Goetz: First of all, we abide by the regulations that Health Canada has put forward, which says on all of our cans that these products are not to be mixed with alcohol.

Are our products sold in bars? Absolutely, they are, just like soft drinks, just like flavoured water, etc. In fact, there are lots of consumers who don't drink alcohol who are perhaps the designated driver that night and who will opt for an energy drink instead of drinking alcohol—which is, I think, something that should be supported—or a soft drink, for example. We've all seen people who do that.

Are there people who mix our products with alcohol? Absolutely, there are.

Mr. Don Davies: I'm just trying to find out what your position on that is, neutral or—

Mr. Jim Goetz: Our position is that we support Health Canada's regulations.

Mr. Don Davies: Finally, I think a couple of witnesses talked about the quantity. Someone suggested that we limit the size of these high-alcohol drinks to 1.5 or two drinks per container. My question would be, why would we do that? Why wouldn't we limit that to one drink per container?

Mr. Stockwell, would you comment?

Dr. Tim Stockwell: Obviously there's an arbitrary element. There are so many products out there that are more than one standard drink. Beer is up to 10% or 11% in a regular 341-millilitre can, so you're already up to two or more standard drinks. It would cover a whole range of products.

The 1.5-drink guideline in the national low-risk drinking guidelines is less than the daily allowance for a female, so if we're thinking about young people being attracted to these products, it's just that 1.5....

Look, if you could make it one, that would work well, but it should be something in that range. At the moment we have four, and either of those others is going to be a lot better.

Mr. Don Davies: I'm out of time. Thank you.

The Chair: Dr. Eyolfson, you have seven minutes.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you, Mr. Chair.

I'm glad to hear the effects of alcohol being discussed in a committee. I practised emergency medicine for 20 years. One thing I had to study was, of course, toxicology. In my professional practice, no substance kept us as busy as alcohol. There were some of us who would probably have been out of work if not for alcohol.

I have to take issue with Don, first for having called dibs on my lungs in the last meeting and now also for having taken my questions.

I wanted to expand on something, Mr. Goetz. You talked about your products. I wasn't sure, but I thought you said you discouraged the use of these energy drinks with alcohol. Now, does it say on the label of these drinks that they should not be consumed with alcohol?

Mr. Jim Goetz: Yes, it does.

Mr. Doug Eyolfson: Okay, excellent.

I also want to expand on some of the things that Don said about promotion.

You are right, Red Bull can be sold in a bar the same way that Coke, Pepsi, fruit juice, and everything else can be. You are right. I've been a designated driver and have had Pepsi all night in a bar. However, there are promotional products that tend to promote an association with establishments that serve alcohol on the premises.

There will be, for instance, high tables, which you really only find in bars, that you stand at. They will say Red Bull on them. There are Red Bull-branded bar fridges, and neon signs that, again, you only see in bars. I won't bother to show it, but there is a poster on which someone is advertising a Red Bull pub crawl with the logo.

As you say, it's not necessarily telling them they should be mixing it, but it's obviously promoting this product in establishments or in association with alcohol. Would you be supportive if the industry, say, refused to use the copyright of the images of your brands for such purposes?

Mr. Jim Goetz: Well, first of all, you see energy drink fridges and coolers in grocery stores and convenience stores, and not just in bars.

Mr. Doug Eyolfson: Yes, I'll say that, but a bar fridge is a different kind of fridge from what you will see in a grocery or convenience store. I take your point, though.

The neon signs that you see in bars I've rarely seen in a convenience store.

● (1905)

Mr. Jim Goetz: Well, they are definitely there.

Mr. Doug Eyolfson: Okay.

Let's go on to the sign put out by the bar, with the copyright of Red Bull: "Red Bull pub crawl". There is nothing else that can mean.

Mr. Jim Goetz: I can't speak to that, because I don't know what jurisdiction that picture was taken in. There are rules and regulations in place in Canada, which we follow, and other jurisdictions have different regulations, so I can't speak to that.

Mr. Doug Eyolfson: This was in Niagara Falls.

Mr. Jim Goetz: Health Canada has deemed, through their risk assessment process, that energy drinks are safe for consumption for adults, and in fact they—

Mr. Doug Eyolfson: No doubt. I'm not talking about the product. I agree. I went to university in the 1980s when they introduced Jolt Cola, which—I know I'm dating myself—was marketed as having twice the caffeine. You couldn't get it in bars after exam time, because it was all used up. We all drank it while studying for exams.

What I'm talking about is the way the brand is promoted, not how safe the product is. Would you support these companies' banning the use of their promotional materials and their trademarks for products that obviously have clear associations with the use of alcohol in licensed establishments, materials such as the standing tables and the sign with the "Red Bull pub crawl"? Will you support the industry in saying we will not allow our trademarks to be used for such activities?

Mr. Jim Goetz: As far as the marketing of our products in legal establishments where we are legally allowed to sell our products is concerned, no, I would not.

Potato chips are sold in bars, and other cola products, which are all deemed safe by Health Canada, as are caffeinated energy drinks. We are able to sell our products like any other—

Mr. Doug Eyolfson: I'm not talking about where you sell it, but I'm saying, for instance, that I've never seen a poster saying "Pepsi pub crawl".

Mr. Jim Goetz: Again, I can't speak to that because I haven't seen it. I'd love to follow up with you on that afterwards.

Mr. Doug Eyolfson: Sure. I have the poster. Let me show it to you.

Mr. Jim Goetz: As for the answer to your question about agreeing to remove our products, even the promotional items like the bar fridges behind the bar, no. Our products are allowed to be sold in establishments that sell beverages of all kinds.

Mr. Doug Eyolfson: I know. I understand. I don't want to belabour the point any more, because it's not about where you sell it. I agree you should sell it in bars, the same way you should be able to sell Coke or Pepsi or chips, for that matter. I'm talking about the promotion and advertising, because we know that promotion and advertising will make an association with products. We know advertising works. Vodka and Red Bull have been around for a long time.

Interestingly enough, I never went to a bar and saw people ordering Jolt and vodka—at least, I never saw signs with it.

Mr. Jim Goetz: I'd also point out that in bars there is an age limit on who can buy alcohol.

Mr. Doug Eyolfson: I know, but it's the promotion thereof. People in public can see these posters, even if it's only being consumed by adults—

Mr. Jim Goetz: Alcohol companies can advertise in bars as well.

Mr. Doug Eyolfson: Of course. All right, thank you.

I don't know if any of our colleagues from Quebec can answer this question. I'm just changing channels on this one.

On our last testimony, would you agree that there were some laws and regulations in place at the time of this tragic incident that just weren't followed? Are you aware of any of those? I believe there were some laws regarding either advertising or signage or access that were not followed. A witness from Quebec—if someone could refresh my memory—suggested that if they had been followed, there were a couple of places in the legislation that might have prevented this death. Is anyone aware of this?

[*Translation*]

Mrs. Manon Niquette: As I explained, the federal government has legislation, a regulation, or code, the CRTC code, but this only applies to radio and television. The provinces have regulations. I believe that British Columbia applies the CRTC code to all forms of advertising. In Quebec, the Régie des alcools, des courses et des jeux has come up with its own regulations.

This begs the question of why the Internet and social media have not been monitored. This is a very important question, but I already know what the industry will say. Advertising can be placed on a Facebook page in French. The Geloso Group, which made the FCKDUP and Poppers drinks, has a number of Facebook pages. However, it is very easy to claim that they are not intended for just Quebeckers, but for all French Canadians. Do you see?

That is why it is important that we adopt clear federal legislation for social media, as Norway and France did in 2012.

● (1910)

[*English*]

Mr. Doug Eyolfson: Thank you.

[*Translation*]

Mr. Réal Morin: If I may, I would like to add a comment about commercial and advertising practices at points of sale. Unethical practices have been observed many times. In some cases, ads were posted near a school, or it was claimed that the advertising was intended for adults but it clearly targeted children. In other cases, the practices sought to promote the sale, in bars, of alcohol mixed with so-called energy drinks.

To return to the exchange of comments with your other witness, the business practices do not concern only the producer or distributor of energy drinks. They also concern the bartender and the bar itself. We know that there is collusion, a practice whereby both types of beverages are sold at the same time. The whole environment promotes that. In my opinion, stating that these products are available in bars just so those who do not drink alcohol can consume something and enjoy the evening is questionable.

As you pointed out, the advertising is harmful. If you examine the business and advertising practices, you will note the way in which both adults and young people are positioned in the environment. It is not by chance that these products become appealing, even products that are dangerous when mixed together. This is the case when sugary and even non-alcoholic drinks are served, and alcohol is available. In the photos you showed us, you can see shelves where alcoholic and non-alcoholic products are displayed. People are encouraged to make their own mixes because they cannot be done at the factory.

Mrs. Manon Niquette: May I add something in that regard?

[*English*]

The Chair: I'm sorry, but we have to end now. We're way beyond our time on this session.

Now, folks, I'm looking at the clock. We have to end our session of questions. We have to do drafting instructions for this bill, because the motion requires us to report it before June. We have to do the drafting instructions now so that staff can draft the report.

Mr. Ramez Ayoub: I have a motion.

The Chair: You have a motion?

Mr. Ramez Ayoub: Yes, for the drafting of it.

The Chair: We're going to drafting now, so I'm going to end the question period.

Mr. Ramez Ayoub: Okay.

The Chair: Thanks, everybody.

I want to thank our witnesses very much for participating and providing us with the information. You've given us a lot to work with; now we have to put it into a report. Thank you very, very much, everyone, for your participation.

We're going to suspend for a minute and then we have to go in camera to do our report. [*Proceedings continue in camera*]

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